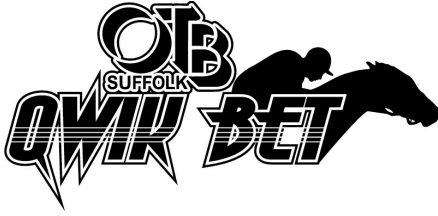


SUFFOLK REGIONAL OFF-TRACK BETTING CORPORATION



QWIK BET QUESTIONNAIRE

In order for Suffolk Regional Off-Track Betting Corporation to determine if "Qwik Bet" may be located in your business, you must fill out this form completely. Do NOT leave any portion of the questionnaire blank.

Date: _____

Name of Establishment: _____

D/B/A: _____

Business Address: _____

Business Telephone No.: _____

Name(s) of Owner(s): _____

Primary Contact Person: _____ Best time to be reached: _____

Telephone/Cell No.: _____ / _____

E-Mail _____ Website: _____

Seating Capacity: _____

Number of employees: _____

Fire Code Capacity (if different): _____

Is there a manager on duty at all times? _____

Number of on-site parking spaces: _____

Hours of operation:

Is there any municipal/public parking nearby? _____

Monday: _____

Tuesday: _____

Number of televisions: _____

Wednesday: _____

Do you have a cable/satellite provider? _____

Thursday: _____

(indicate which one or both)

Friday: _____

Do you have NYS Lottery/Quick Draw? _____

Saturday: _____

What is your proximity to the nearest educational institution? _____

Sunday: _____

What is your proximity to the nearest place of worship? _____

The New York State Racing and Wagering Board and Suffolk Regional Off-Track Betting Corporation require an in depth background investigation regarding both personal and company finances (including tax returns).

Would you agree to such an investigation?

(Circle one)

YES

NO

What is your proximity to the nearest residence? _____

For SROTB use only

<i>Marketing</i>	<i>President</i>	<i>Legal</i>

